



Physical Examination Form

Date of Examination:	
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- The physical examination form is strictly confidential. A copy of this form will be on file with the Athletic Director.
- Examinations must be conducted every 2 years. Include detailed explanation regarding abnormalities or unusual findings.

Athlete Name:	Gender: M F	DOB: (mm/dd/yyyy)	Age:
Parent/Legal Guardian:			
Primary Care Physician/Clinic:		Phone Number:	

Conducting Physician/Clinic:	Phone Number:
EMAIL:	

ATHLETE INFORMATION

Height (inches):	Weight (pounds):	Pulse:	B.P.:
Body Build:	Skin:	Body Fat %:	

* Please provide explanation or reason for non-examination in the abnormal findings section.

MEDICAL ITEM	NORMAL	ABNORMALITIES OR UNUSUAL FINDINGS	*NOT EXAMINED
Eyes/Ears/Nose/Throat			
Teeth/Lymph Nodes			
Heart – Supine/Standing			
Lungs			
Abdomen			
Chest			
Other:			
MUSCULAR OR SKELETAL	NORMAL	ABNORMALITIES OR UNUSUAL FINDINGS	*NOT EXAMINED
Neck			
Shoulders			
Back/Spine			
Elbows			
Wrists/Hands			
Hips			
Knees			
Ankles/Feet			
Other:			

Physician's Signature: _____

- Cleared for Participation Not Cleared for Participation
 Cleared for Participation after completing the following, (i.e. rehabilitation etc.)
